



ARKANSAS  
Department of Environmental Quality

October 26, 2011

Ms. Minnie Howard  
6WQ-SG  
U. S. Environmental Protection Agency  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

**RE: 7520 Reports for the Fourth Quarter of FY 2011**

Dear Ms. Howard,

The 7520 reports for the Fourth Quarter of FY 2011 are enclosed. Please do not hesitate to contact me by phone at (501) 682-0646 or by e-mail at [hanson@adeq.state.ar.us](mailto:hanson@adeq.state.ar.us) with any questions.


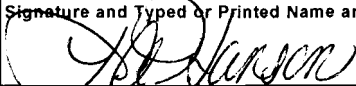
Sincerely,



A handwritten signature in black ink, appearing to read "Linda Hanson", is written over a horizontal line.

Linda Hanson, P. G.  
Geologist P. G.  
Permits Branch, Water Division

cc: Mike Vaughan, 6WQ-AT ([Vaughan.Michael@epamail.epa.gov](mailto:Vaughan.Michael@epamail.epa.gov))  
Robert Todd, 6WQ-AT ([Todd.Robert@epamail.epa.gov](mailto:Todd.Robert@epamail.epa.gov))  
UIC Files

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460  <b>UIC Federal Reporting System</b> <b>Part I: Permit Review and Issuance/</b> <b>Wells in Area of Review</b> (This information is solicited under the authority of the Safe Drinking Water Act)					<b>I. Name and Address of Reporting Agency</b>  United States Environmental Protection Agency Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317						
<b>II. Date Prepared (month, day, year)</b> 10/26/2011		<b>III. State Contact (name, telephone no.)</b> Linda Hanson, (501) 682-0646		<b>IV. Reporting Period (month, year)</b> From <b>October 1, 2010</b> To <b>09/30/2011</b>							
<b>Item</b>					<b>Class and Type of Injection Wells</b>						
					I	II			III	IV	V
						SWD 2D	ER 2R	HC 2H			
<b>V. Permit Application</b>	Number of Permit Applications Received										0
<b>VI. Permit Determination</b>	Permit Issued	A	Number of Individual Permits Issued (One Well)	New Wells	0						0
			Existing Wells	0					0		
		B	Number of area Permits* Issued (Multiple Wells) (*See instructions on back)	New Well Field	0					0	
			Existing Well Field	0					0		
		C	Number of Wells in Area Permits (See B above)	New Wells	0					0	
				Existing Wells	0					0	
	Permit Not Issued	D	Number of Permits Denied/Withdrawn (after complete technical review)		0					0	
	Modification Issued	E	Number of Major Permit Modifications Approved		0					0	
<b>VII. Permit File Review</b>	Number of Rule-Authorized Class II Wells Reviewed			Wells Reviewed	NA						NA
				Wells Deficient	NA						NA
<b>VIII. Area of Review (AOR)</b>	Wells Reviewed	A	Number of Wells in Area of Review	Abandoned Wells	0						0
				Other Wells	0					0	
	Wells Identified for C/A	B	Number of Wells Identified for Corrective Action	Abandoned Wells	0					0	
				Other Wells	0					0	
	Wells with C/A	C	1. Number of Wells in AOR with Casing Repaired/Recemented C/A		0					0	
			2. Number of Active Wells in AOR Plugged/Abandoned		0					0	
			3. Number of Abandoned Wells in AOR Replugged		0					0	
			4. Number of Wells in AOR with "Other" Corrective Action		0					0	
<b>IX. Remarks/Ad Hoc Report (Attach additional sheets if necessary)</b>  											
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
<b>Signature and Typed or Printed Name and Title of Person Completing Form</b> Linda Hanson, Geologist P.G.									<b>Date</b> 10/27/10		<b>Telephone No.</b> (501) 682-0646

 <p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p><b>UIC Federal Reporting System</b> <b>Part II: Compliance Evaluation</b></p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>				<b>I. Name and Address of Reporting Agency</b>  United States Environmental Protection Agency Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317							
<b>II. Date Prepared (month, day, year)</b> 10/26/2010			<b>III. State Contact (name, telephone no.)</b> Linda Hanson, (501) 682-0646			<b>IV. Reporting Period (month, year)</b> From <b>October 1, 2010</b> To <b>September 30, 2011</b>					
				<b>Class and Type of Injection Wells</b>							
				I	II SWD 2D	ER 2R	HC 2H	III	IV	V	
V.  Summary of Violations	Total Wells	A	Number of Wells with Violations	0							0
	Total Violations	B	1. Number of Unauthorized Injection Violations	1							0
			2. Number of Mechanical Integrity Violations	0							0
			3. Number of Operation and Maintenance Violations	0							0
			4. Number of Plugging and Abandonment Violations	0							0
			5. Number of Monitoring and Reporting Violations	0							0
			6. Number of Other Violations (Specify)	0							0
VI.  Summary of Enforcement	Total Wells	A	Number of Wells with Enforcement Actions	0							0
	Total Enforcement Actions	B	1. Number of Notices of Violation	0							0
			2. Number of Consent Agreements	0							0
			3. Number of Administrative Orders	0							0
			4. Number of Civil Referrals	0							0
			5. Number of Criminal Referrals	0							0
			6. Number of Well Shut-ins	0							0
			7. Number of Pipeline Severances	0							0
8. Number of Other Enforcement Actions (Specify)	0							0			
VII. Summary of Compliance	Number of Wells Returned to Compliance		A. This Quarter	0							0
			B. This Year	0							0
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW			0							0
IX. MIT Resolved	Percent of MIT Violations Resolved in 90 Days			100							100
<b>X. Remarks/Ad Hoc Report (Attach additional sheets)</b>											
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
<b>Signature and Typed or Printed Name and Title of Person Completing Form</b>  Linda Hanson, Geologist P.G.									<b>Date</b> 10/26/2011		<b>Telephone No.</b> (501) 682-0646

 <p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p><b>UIC Federal Reporting System</b> <b>Part II: Compliance Evaluation</b> <b>Significant Noncompliance</b></p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>				<b>I. Name and Address of Reporting Agency</b>  United States Environmental Protection Agency Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317						
<b>II. Date Prepared (month, day, year)</b> 10/26/2011			<b>III. State Contact (name, telephone no.)</b> Linda Hanson, (501) 682-0646			<b>IV. Reporting Period (month, year)</b> From <b>October 1, 2010</b> To <b>09/30/2011</b>				
<b>Item</b>				<b>Class and Type of Injection Wells</b>						
				I	II			III	IV	V
				SWD 2D	ER 2R	HC 2H				
<b>V. Summary of Significant Non- Compliance (SNC)</b>	Total Wells	A	Number of Wells with SNC Violations	0	0	0	0	0	0	0
	<b>Total Violations</b>	<b>B</b>	1. Number of Unauthorized Injection SNC Violations	1	0	0	0	0	0	0
			2. Number of Mechanical Integrity SNC Violations	0	0	0	0	0	0	0
			3. Number of Injection Pressure SNC Violations	0	0	0	0	0	0	0
			4. Number of Plugging and Abandonment SNC Violations	0	0	0	0	0	0	0
			5. Number of SNC Violations of Formal Orders	0	0	0	0	0	0	0
			6. Number of Falsification SNC Violations	0	0	0	0	0	0	0
			7. Number of Other SNC Violations (Specify)	0	0	0	0	0	0	0
<b>VI. Summary of Enforcement Against SNC</b>	Total Wells	A	Number of Wells with Enforcement Actions Against SNC	0	0	0	0	0	0	0
	<b>Total Enforcement Actions</b>	<b>B</b>	1. Number of Notices of Violation	0	0	0	0	0	0	0
			2. Number of Consent Agreements/Orders	0	0	0	0	0	0	0
			3. Number of Administrative Orders	0	0	0	0	0	0	0
			4. Number of Civil Referrals	0	0	0	0	0	0	0
			5. Number of Criminal Referrals	0	0	0	0	0	0	0
			6. Number of Well Shut-ins	0	0	0	0	0	0	0
			7. Number of Pipeline Severances	0	0	0	0	0	0	0
8. Number of Other Enforcement Actions Against SNC Violations (Specify)	0	0	0	0	0	0	0			
<b>VII. Summary of Compliance</b>	Number of Wells in SNC Returned to Compliance		A. This Quarter	1	0	0	0	0	0	0
			B. This Year	0	0	0	0	0	0	0
<b>VIII. Contamination</b>	Number of Cases of Alleged Contamination of a USDW			0	0	0	0	0	0	0
<b>IX. Well Closure</b>	Class IV/Endangering Class V Well Closures			Involuntary Well Closure				0	0	
				Voluntary Well Closure				0	0	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
Signature and Typed or Printed Name and Title of Person Completing Form  Linda Hanson, Geologist P.G.								Date 10/26/2011		Telephone No. (501) 682-0646

<p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p><b>UIC Federal Reporting System</b> <b>Part III: Inspections</b> <b>Mechanical Integrity Testing</b></p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>				<p><b>I. Name and Address of Reporting Agency</b></p> <p>United States Environmental Protection Agency Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317</p>							
<p><b>II. Date Prepared (month, day, year)</b></p> <p>10/26/2011</p>		<p><b>III. State Contact (name, telephone no.)</b></p> <p>Linda Hanson, (501) 682-0646</p>		<p><b>IV. Reporting Period (month, year)</b></p> <p>From <b>October 1, 2010</b> To <b>09/30/2011</b></p>							
				<p><b>Class and Type of Injection Wells</b></p>							
				I	II SWD 2D	ER 2R	HC 2H	III	IV	V	
<p><b>V.</b> <b>Summary of Inspections</b></p>	Total Wells	A	Number of Wells Inspected	70						0	
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed	10						0	
			2. Number of Emergency Response or Complaint Response Inspections	0					0		
			3. Number of Well Constructions Witnessed	1					0		
			4. Number of Well Pluggings Witnessed	0					0		
			5. Number of Routine/Periodic Inspections	70					0		
<p><b>VI.</b> <b>Summary of Mechanical Integrity (MI)</b></p>	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)		10					0	
	Total Wells	B	No. of Rule-Authorized Wells Tested/Evaluated for MI		Passed 2-part test	0					0
					Failed 2-part test	0					0
	For Significant Leak	C	1. Number of Annulus Pressure Monitoring Record Evaluations		Well Passed	10					0
					Well Failed	0					0
			2. No. of Casing/Tubing Pressure Tests		Well Passed	0					0
					Well Failed	0					0
			3. Number of Monitoring Record Evaluations		Well Passed	0					0
					Well Failed	0					0
			4. No. of Other Significant Leak Tests/Evaluations (Specify)		Well Passed	0					0
					Well Failed	0					0
	For Fluid Migration	D	1. Number of Cement Record Evaluations		Well Passed	1					0
					Well Failed	0					0
2. Number of Temperature/Noise Log Tests			Well Passed	0					0		
			Well Failed	0					0		
3. No. of Radioactive Tracer/Cement Bond Tests			Well Passed	3					0		
			Well Failed	0					0		
4. No. of Other Fluid Migration Tests/Evaluations (Specify)			Well Passed	0					0		
			Well Failed	0					0		
<p><b>VII.</b> <b>Summary of Remedial Action</b></p>	Total Wells	A	Number of Wells with Remedial Action		0					0	
	Total Remedial Actions	B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions		0					0	
			2. Number of Tubing/Packer Remedial Actions		0					0	
			3. Number of Plugging/Abandonment Remedial Actions		0					0	
			4. Number of Other Remedial Actions (Specify)		0					0	
<p><b>VIII. Remarks/Ad Hoc Report (Attach additional sheets)</b></p>											
<p><b>Certification</b></p> <p>I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.</p>											
<p>Signature and Typed or Printed Name and Title of Person Completing Form</p> <p><i>Linda Hanson</i> Linda Hanson, Geologist P.G.</p>								<p>Date</p> <p>10/26/2011</p>		<p>Telephone No.</p> <p>(501) 682-0646</p>	



United States Environmental Protection Agency  
Office of Ground Water and Drinking Water  
Washington, DC 20460

**UIC Federal Reporting System  
Part IV: Quarterly Exceptions List**

(This information is collected under the authority of the Safe Drinking Water Act)

OMB No. 2040-0042

Approval expires 4/30/07

**I. Reporting Period**

From

10/01/2010

To

09/30/2011

II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	V. Summary of Violations								VI. Summary of Enforcement								VII. Date Compliance Achieved	
			Date of Violation	Mark ('X') Violation Type							Date of Enforcement	Mark ('X') Enforcement Type								
				Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)		Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	
I	No violations or enforcement	0010-UR-3	06/16/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07/19/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06/17/2011
III	No violations or enforcement			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV	No violations or enforcement			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
V	No violations or enforcement			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Certification**

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Person Completing Form

Typed or Printed Name and Title

Linda Hanson, P.G.

Date

10/26/2011

Telephone No.

(501) 682-0646